

APPLICATION FORM TO BECOME DISTRIBUTOR OF COUNTRY-WIDE DISTRIBUTION LIMITED

Cheap and best quality Product is to be made available to each and every household

Name of the Applicant: _____

Name of the Company/Firm: _____

Address: _____

Email: _____ Phone No.

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1. Level at which you can become a distributor
- A. District Level District _____ State _____
- B. City Level Tehsil _____ District _____ State _____

2. Do you have any experience of FMCG distribution / Wholesale distribution / other distribution?
- Yes No

Brief History of the products of the distribution business you have done so far:

If not then give detail of your present Business/Profession:

3. Name of the company for whom you have already done the distribution Or working in company
- | <u>Name of the company</u> | <u>Duration</u> |
|----------------------------|---------------------|
| 1. _____ | Year _____ To _____ |
| 2. _____ | Year _____ To _____ |
| 3. _____ | Year _____ To _____ |

4. Last One Year Turnover / Salary : _____

5. Investment Capacity : _____

6. If you accept the above terms and conditions and is ready to give us all the information's metioned above then please attach your last year ITR (Income Tax Return) and balance sheets with this application form and send to Email ID. info@country-wide.co.in.

Note :

A. Country-Wide Distribution Limited Reserves the right to reject or accept any application without assigning any reason, however the information given in this form would not used anywhere and would be highly confidential.

Date: _____

SIGNATURE OF APPLICANT